

Field Size	Columns (beginning with 401; not to exceed 650)	Question	Response Categories (Code = Response)
<u>State-Added sections begin after Module 11: Indoor Air Quality</u>			
<u>State-Added 1: Oral Health</u>			
1	401	AZ1_1 Which of the following best describes the water that you drink at home most often?	Please read 1 = Unfiltered tap water 2 = Filtered tap water 3 = Bottled or vended water 4 = Water from another source Do not read 7 = Don't know/Not sure 9 = Refused
State-Added 2: Epilepsy			
Insert after state-added 1: Oral Health			
1	402	AZ2_1 Have you ever been told by a doctor that you have a seizure disorder or epilepsy?	1 = Yes 2 = No [Go to AZ3_1] 7 = Don't know/Not sure [Go to AZ3_1] 9 = Refused [Go to AZ3_1]
1	403	AZ2_2 Are you currently taking any medicine to control your seizure disorder or epilepsy?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	404	AZ2_3 How many seizures of any type have you had in the last three months? [Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.]	1 = None 2 = One 3 = More than one 4 = No longer have epilepsy or seizure disorder [Go to AZ3_1] 7 = Don't know/Not sure 9 = Refused
1	405	AZ2_4 In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	406	AZ2_5 During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family	Please read 1 = Not at all 2 = Slightly 3 = Moderately

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		or friends? Would you say...	4 = Quite a bit 5 = Extremely Do not read 7 = Don't know/Not sure 9 = Refused
<u>State-Added 3: Fruits & Vegetables</u>			
Insert after state-added 2: Epilepsy			
3	407-409	These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home. AZ3_1 How often do you drink fruit juices such as orange, grapefruit, or tomato?	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
3	410-412	AZ3_2 Not counting juice, how often do you eat fruit?	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
3	413-415	AZ3_3 How often do you eat green salad?	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
3	416-418	AZ3_4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
3	419-421	AZ3_5 How often do you eat carrots?	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year

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			5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
3	422-424	AZ3_6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)	1__ __ Per day 2__ __ Per week 3__ __ Per month 4__ __ Per year 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused
State-Added 4: Physical Activity			
Insert after state-added 3: Fruits and Vegetables			
1	425	If "employed" or "self-employed" to core Q11.8 continue, otherwise go to AZ4_2. AZ4_1 When you are at work, which of the following best describes what you do? Would you say?	If respondent has multiple jobs, include all jobs 1 = Mostly sitting or standing 2 = Mostly walking or 3 = Mostly heavy labor or physically demanding work 7 = Don't know/Not Sure 9 = Refused
1	426	We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. AZ4_2 Now, thinking about the moderate activities you do [fill in (when you are not working,) if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	1 = Yes 2 = No (Go to AZ4_5) 7 = Don't know/Not sure (Go to AZ4_5) 9 = Refused (Go to AZ4_5)
2	427-428	AZ4_3 How many days per week do you do these moderate activities for at least 10 minutes?	__ __ Days per week 7 7 7 Don't know / Not sure [Go to AZ4_5] 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to AZ4_5]

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			9 9 Refused [Go to AZ4_5]
3	429-431	AZ4_4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?	__:__ __ Hours and minutes per day 7 7 7 Don't know / Not sure 9 9 9 Refused
1	432	AZ4_5 Now, thinking about the vigorous activities you do [fill in (when you are not working) if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	1 = Yes 2 = No [go to next section] 7 = Don't know/Not sure [go to next section] 9 = Refused [go to next section]
2	433-434	AZ4_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?	__ __ Days per week 7 7 Don't know / Not sure [go to next section] 8 8 Do not do any vigorous physical [go to next section]activity for at least 10 minutes at a time 9 9 Refused [go to next section]
3	435-437	AZ4_7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?	__:__ __ Hours and minutes per day 7 7 7 Don't know / Not sure 9 9 9 Refused
<u>State-Added 5: Folic Acid</u>			
Insert after state-added 4: Physical Activity			
1	438	AZ5_1 Do you currently take any multivitamins or supplements that contain folic acid?	1 = Yes 2 = No [Go to AZ5_3] 7 = Don't know/Not sure [Go to AZ5_3] 9 = Refused [Go to AZ5_3]
3	439-441	AZ5_2 How often do you take this multivitamin or supplement?	1__ __ = Times per day 2__ __ = Times per week 3__ __ = Times per month 7 7 7 = Don't know / Not sure 9 9 9 = Refused
1	442	AZ5_3 Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?	Please read 1 = To make strong bones 2 = To prevent birth defects 3 = To prevent high blood pressure Or 4 = Some other reason Do not read

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			7 = Don't know/Not sure 9 = Refused
<u>State-Added 6: COPD</u>			
Insert after state-added 5: Folic Acid			
1	443	AZ6_1 Have you EVER been told by a doctor or other health professional that you had emphysema?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	444	AZ6_2 Have you EVER been told by a doctor or other health professional that you had chronic bronchitis?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
<u>Asthma Follow-Up Questions</u>			
Insert after State-Added 6: COPD			
{Arizona will participate in the Adult & Child Asthma Callback survey} {If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to closing} {If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}			
Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (25% ADULT / 75% CHILD)}			
1	445	ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Arizona. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?	1 Yes 2 No [go to closing]
1	446	ast2. Can I please have (fill-in: your/your child's) first name or initials so we will know who to ask for when we call back?	1 Gave Information 9 Refused
15	447-461	ast3. ENTER NAME	_____
<u>State-Added 7: Emergency Preparedness</u>			
{Question added for April 1 data collection.} {To be placed after Module 17 (also added for April 1 data collection)}			
		AZ7_1. How strongly do you agree with the following statement: "I feel the state _____ of Arizona has provided appropriate information	Please read: 1 Strongly agree

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		to me and my family so that we can identify emergency situations, and we know what we need to do in the event they occur. Would you say you...	2 Agree 3 Disagree 4 Strongly disagree Do not read: 7 Don't know/Not sure 9 Refused